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OMB Control Number 0920-0995
Exp. Date 06/30/2023

Standard Post-Course Evaluation

1. How satisfied were you with your overall learning experience?

Very unsatisfied Very satisfied

2. How satisfied were you with the quality of the content?

Very unsatisfied Very satisfied

3. How satisfied were you with the trainer(s)?

Very unsatisfied Very satisfied

4. How satisfied were you with the teaching methods?

Very unsatisfied Very satisfied

5. What could improve this training?

6. The training is relevant to my work

Strongly disagree Strongly agree

7. The training will improve the way I do my work

Strongly disagree Strongly agree

8. Do you believe this training was influenced by commercial interests?

Yes
 No

9. Was this training evidence-based?

Yes
 No

10. Were the learning objectives met?

Yes
 No

11. As a result of information presented, do you intend to make changes in your practice or at your worksite setting?

Yes
 No
 Not my job

Other reason (please specify)

11a. If yes, please list at least one intended change.

12. How much did you know about the topics covered in this session BEFORE this training?

No knowledge All the knowledge

13. How much do you know AFTER the training?

No knowledge All the knowledge

14. How confident were you in your ability to perform the practices taught in this session, BEFORE this training?

Not at all confident Very confident

15. How confident are you AFTER the training?

not at all confident very confident

16. I will use what I learned in this training in my work.

Strongly disagree Strongly agree

As a result of the information presented did you.....

17. Use the CDC STI Treatment Guidelines in your practice?

- Yes
- No
- I already do this

18. Download the CDC STI Treatment Guidelines app?

- Yes
- No
- I already do this

19. Use the STI Treatment Guidelines wall chart or pocket guide?

- Yes
- No
- I already do this

20. Send a consult to the STD Clinical Consultation Network? www.stdccn.org

- Yes
- No
- I already do this

As a result of the information presented did you.....(please select Not Applicable if the training did not cover the content listed)

21. Increase the proportion of your sexually active asymptomatic female patients under age 25 screened annually for urogenital chlamydia and gonorrhea?

- No
- Yes
- I already do this
- Not applicable

22. Increase the proportion of your male patients who have sex with men screened for syphilis, gonorrhea, and chlamydia at least annually?

- Yes
- No
- I already do this
- Not applicable

23. Use CDC-recommended antibiotic therapy to treat uncomplicated gonorrhea?

- Yes
- No
- I was already doing this
- Not applicable

24. Recommend rescreening in 3 months following a gonorrhea, chlamydia or trichomonas diagnosis?

- Yes
- No
- I was already doing this
- Not applicable

25. What would make the training more useful for your practice or job?

26. What additional topic(s) would you like to be covered in future trainings?

Thank you for your time and thoughtful feedback!